

ಶ್ರೀ ಎಚ್. ಎಸ್. ರುದ್ರಪ್ಪ (ಹೊನ್ನಾವಳ್ಳಿ).—ನನ್ನ ಮಿತ್ರರು ಈ ವಿಚಾರದಲ್ಲಿ ಈಗಾಗಲೇ ಸರ್ಕಾರದ ಮುಂದೆ ಕೆಲವು ಅಂಶಗಳನ್ನು ವ್ಯಕ್ತಪಡಿಸಿರುತ್ತಾರೆ. ಮಲೆನಾಡು ಪ್ರದೇಶದಲ್ಲಿ ಡಾಕ್ಟರುಗಳಿಗೆ ಅಭಾವ ವೆಂಬುದು ಬಹಳ ದಿನದ ರೋಗ. ಇದಕ್ಕೆ ಸರ್ಕಾರ ದವರು ಔಷಧಿಯನ್ನು ಕಂಡುಹಿಡಿಯಬೇಕು. ಆಸ್ಪತ್ರೆ ಗಳಿದ್ದೂ ಡಾಕ್ಟರುಗಳಲ್ಲಿದ್ದರೆ ಈ ಆಸ್ಪತ್ರೆಗಳ ಪ್ರಯೋಜನ ಅಲ್ಪವು ಜನರಿಗೆ ಲಭಿಸುವುದು ಹೇಗೆ? ಬೇರೆ ಸ್ಥಳಗಳಿಂದ ಮಲೆನಾಡು ಪ್ರದೇಶಕ್ಕೆ ಡಾಕ್ಟರು ಗಳು ಹೋಗಲು ಇಷ್ಟಪಡದಿದ್ದರೆ, ಮಲೆನಾಡಿನಲ್ಲಿಯೇ ಹುಟ್ಟಿ ಮಲೆನಾಡಿನಲ್ಲಿಯೇ ಬೆಳೆದು, ಡಾಕ್ಟರು ಕೆಲ ಸಕ್ಕೆ ಅರ್ಹತೆ ಪಡೆದವರನ್ನು ಬಲಾತ್ಕಾರವಾಗಿ ಇಲ್ಲಿಗೆ ನೇಮಕಮಾಡಬೇಕು. ಮತ್ತು ಮಲೆನಾಡು ಪ್ರದೇಶ ದಿಂದ ವೈದ್ಯಕೀಯ ವ್ಯಾಸಂಗಕ್ಕೆ ಅರ್ಜಿ ಹಾಕಿಕೊ ಳ್ಳುವ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಹೆಚ್ಚು ಹೆಚ್ಚಾಗಿ ಅವಕಾಶ ವನ್ನು ಕಲ್ಪಿಸಿಕೊಡಬೇಕು. ಈ ವಿಚಾರದಲ್ಲಿ ಸರ್ಕಾರದವರು ದೊಡ್ಡ ಮನಸ್ಸುಮಾಡಿ ಮಲೆನಾಡಿನ ಆಸ್ಪತ್ರೆಗಳಿಗೆ ಜಾಗೃತಿಯಾಗಿ ಪರಿಹಾರ ಕಲ್ಪಿಸಲು ಡಾಕ್ಟರುಗಳನ್ನು ನೇಮಕ ಮಾಡುವ ಬಗ್ಗೆ ಸೂಕ್ತ ಪರಿಹಾರ ಮಾರ್ಗವನ್ನು ಕಂಡುಹಿಡಿಯಬೇಕೆಂದು ಒತ್ತಾಯ ಪೂರ್ವಕವಾಗಿ ಪ್ರಾರ್ಥಿಸುತ್ತೇನೆ. ಸರ್ಕಾರದವರ ಗಮನಕ್ಕೆ ಈ ವಿಷಯ ಬಂದು ಅವರು ಈ ವಿಷಯದಲ್ಲಿ ಹೆಚ್ಚು ತೀವ್ರವಾದುದರಿಂದ ನಾನು ಹೆಚ್ಚಿಗೆ ಒತ್ತಾಯ ಮಾಡಬೇಕಾದದ್ದು ಅನಾವಶ್ಯಕ. ಸರ್ಕಾರದವರು ಈಗಲಾದರೂ ದೊಡ್ಡ ಮನಸ್ಸುಮಾಡಿ ಜಾಗೃತ ಒಂದು ಪರಿಹಾರ ಕಂಡುಹಿಡಿಯಬೇಕು. ಅಷ್ಟೇ ಅಲ್ಲದೆ ಈಗ ಸದ್ಯಕ್ಕೆ ಯಾರಾದರೂ ಡಾಕ್ಟರುಗಳು ಹೋಗುವವರೆಗೆ ಅವರಿಗೆ ಏನಾದರೂ ಸಹಾಯ ಮಾಡಿ ಈ ಆಸ್ಪತ್ರೆಗಳಿಗೆಲ್ಲಾ ಡಾಕ್ಟರುಗಳು ಹೋಗು ವಂತೆ ಮಾಡಬೇಕೆಂದು ಸರ್ಕಾರದವರಲ್ಲಿ ಒತ್ತಾಯ ಮಾಡುತ್ತೇನೆ.

Sri T. CHANNIAH (Minister for Public Health and Local Self-Government).—Mr. Speaker, Sir, the main reason why doctors posted to malnad do not readily join duty is that there are no suitable residential houses there. Many of the doctors who were posted to malnad did not like to stay there because of this. Another reason which they put forward is that there are no educational facilities for their children in malnad. Another reason why we have not been able to post doctors to the Health Units is lack of qualified personnel. Despite repeated advertisements in the Gazette, qualified candidates are not forthcoming to take up the posts. The pay and prospects are not attractive in the Public Health Department and this is yet another reason why they are unwilling to join the Health Department. The position is different with the Medical Department and qualified persons come forward and accept the posts in that Department. Though the scales of pay in the

Health Department are attractive enough, for want of sufficient facilities in malnad areas there is not good response. Further, there is very little scope for private practice for doctors who enter the Health Department. It has thus become difficult to get sufficient number of qualified men for work in that department. Very recently Sir, we recruited a batch of five Health Probationers. I may therefore assure the Hon'ble Member that the Government also are very keen on posting doctors to malnad areas and more especially to Health Units. We earnestly hope and expect that our young men and women who are qualified for such posts will apply when the posts are advertised in the Gazette. But until qualified candidates are available in sufficient numbers and unless they come forward, it will be indeed very difficult for Government to post them to fill up the vacancies. I assure the Hon'ble Member once again that every possible effort will be made to see that doctors are posted to places where there are no doctors at present.

Sri S. R. NAGAPPA SETTY.—I seek leave to withdraw the cut motion, Sir.

The cut motion was, by leave, withdrawn.

Mobile dispensary in Chikmagalur District.

Sri G. PUTTASWAMY (Chikmagalur-Mudigere—Scheduled Castes).—Sir, I beg to move :

“That the demand under the head ‘ 38. Medical ’ for Rs. 1,10,12,000 be reduced by Rs. 100 (to discuss proper arrangements to be made for the working of the Mobile Dispensary in Chikmagalur District).”

ಮಾನ್ಯ ಸಭಾಪತಿಗಳೇ, ಈ ಖೋತಾರ್ನಿಯ ವನ್ನು ಮಾನ್ಯ ಸಭೆಯಮುಂದೆ ಮಂಡಿಸುತ್ತಾ ನಾನು ಮೊನ್ನೆ ನಡೆದ ಶಾಸನಸಭೆಯ ಅಧಿವೇಶನದಲ್ಲಿ ಈ ವಿಚಾರವಾಗಿ ಕೆಲವು ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳಿದ್ದೆ. ಈ ಮೊಬೈಲ್ ಡಿಸ್ಪೆನ್ಸರಿಗಳು ಮಲೆನಾಡಿನಲ್ಲಿ ಸರಿಯಾಗಿ ಆಗಿದಾಗ್ಗೆ ಸಂಚಾರಮಾಡಿ ಕೆಲಸಮಾಡುತ್ತಾ ಇಲ್ಲ, ಸುಮಾರು 3 ವರ್ಷಗಳಿಂದ ಯಾವಯಾವ ಸ್ಥಳಗಳಲ್ಲಿ ಕೆಲಸಮಾಡಿದೆ, ಈ ಬಗ್ಗೆ ಎಷ್ಟು ಹಣ ಖರ್ಚಾಗಿದೆ ಎಂಬ ಅಂಕಿಅಂಶ ಕೊಡಬೇಕೆಂದು ಕೇಳಿದ್ದೆ. ಅಂಕಿ ಅಂಶಗಳು ತೇಲಿಸಲಾಗುತ್ತದೆ ಎಂದು ಉತ್ತರ

ಬಂದಿರುತ್ತದೆ. ಈಗರಾದರೂ ಆ ಅಂಕಿಅಂಶಗಳನ್ನು ಕೊಡಬೇಕು ಎಂದು ಕೇಳಿಕೊಳ್ಳುತ್ತೇನೆ. ಈ ಮೊಬೈಲ್ ಡಿಸ್ಪೆನ್ಸರಿಗಳು ಹಚಾತ್ಕಾಗಿ, ಒಂದೇ ಸಾರಿಗೆ, ಒಮ್ಮೆಗೆ ಹಳ್ಳಿಗಳಿಗೆ ಹೋಗುತ್ತಾ ಇದ್ದು ನಿಂತುಹೋದಪಕ್ಷದಲ್ಲಿ ಆ ಹಳ್ಳಿಯ ಜನಗಳಿಗೆ ಎಷ್ಟು ಕಷ್ಟವಾಗುತ್ತದೆ, ಅವರು ತಮ್ಮ ರೋಗಿಗಳಿಗೆ ಔಷಧವನ್ನು ಯಾವ ರೀತಿ ತೆಗೆದುಕೊಂಡು ಹೋಗಬೇಕು ಎಂಬ ವಿಚಾರವನ್ನು ಸ್ವಲ್ಪ ಯೋಚನೆ ಮಾಡಬೇಕು. ಯಾವ ದಿನ ಈ ಆಸ್ಪತ್ರೆ ಹೋಗಬೇಕೋ ಆ ದಿವಸ ಹಳ್ಳಿಯ ಜನರು ಆಸ್ಪತ್ರೆ ಬರುತ್ತದೆಯೆಂದು ಸಾಯಂಕಾಲದವರೆಗೂ ನಿರೀಕ್ಷೆ ಮಾಡಿ ನಿರಾಶ ರಾಗುತ್ತಿರುತ್ತಾರೆ. ಹಳ್ಳಿಯವರಿಗೆ ವರ್ತಮಾನ ಕೊಡದೆ ಹಚಾತ್ಕನೆ ನಿಲ್ಲಿಸುವುದು ಸರಿಯಲ್ಲ. ಸ್ವಾಮಿ ಯಾವಯಾವ ತಾಲ್ಲೂಕುಗಳಲ್ಲಿ ಆಸ್ಪತ್ರೆಗಳಿಲ್ಲವೋ ಅಲ್ಲೆಲ್ಲಾ ಈ ಮೊಬೈಲ್ ಆಸ್ಪತ್ರೆಗಳು ಸಂಚಾರ ಮಾಡಲು ಏರ್ಪಾಡುಮಾಡದೆ ಇದ್ದರೆ ಜನಗಳು ರೋಗಗಳನ್ನು ನಿವಾರಣೆ ಮಾಡಿಕೊಳ್ಳುವುದಕ್ಕೆ ಎಷ್ಟು ಕಷ್ಟವಾಗಬಹುದೆಂಬುದನ್ನು ಸರ್ಕಾರದವರು ಯೋಚನೆ ಮಾಡಬೇಕು. ಮೊಬೈಲ್ ಆಸ್ಪತ್ರೆಗಳ ವ್ಯಾನ್ ಆಗಾಗ್ಗೆ ನಿಂತು ಕಟ್ಟುಹೋಗಿ ಜನಗಳಿಗೆ ಬಹಳ ತೊಂದರೆಯಾಗುತ್ತಿದೆ ಎಂದು ತಿಳಿದುಬರುತ್ತದೆ. ಈ ರೀತಿ ಆಗುವುದಾದರೆ ಏನು ಪ್ರಯೋಜನ? ಈ ಇಲಾಖೆಯಲ್ಲಿ ಒಂದು ಸಣ್ಣ ಪುಟ್ಟ ಸಾಮಾನು, ಸುಮಾರು 10 ರೂಪಾಯಿ ಬೆಲೆಯ ಸಾಮಾನು ಕಟ್ಟು ಹೋದರೂ ಕೂಡ ಅವರು ಅದನ್ನು ಸ್ಥಳದಲ್ಲಿಯೇ ರಿಪೇರಿ ಮಾಡಿಕೊಳ್ಳುವುದಕ್ಕೆ ಅವಕಾಶವಿರುವುದಿಲ್ಲ. ಆ ಕಾರಣದಿಂದ ಅವರು ಇಲಾಖೆಯ ಮೇಲಾಧಿಕಾರಿಗಳಿಗೆ ಬರೆಯುವುದರಲ್ಲೇ ಸುಮಾರು 3 ಅಥವಾ 6 ತಿಂಗಳು ಆಗುತ್ತದೆ. ಅದರಮೇಲೆ ಸಂಬಂಧಪಟ್ಟ ಕಾಗದ ಮಂಜೂರಾಗಿ ಬರಬೇಕಾದರೆ ವರ್ಷಾನು ಗಟ್ಟಿ ಆಗುತ್ತದೆ. ಇಷ್ಟೆಲ್ಲಾ ಆದಮೇಲೆ ಆ ಇಲಾಖೆಯವರು ಕೊಟೇಜ್ ಕಾಲನಿಗಾಗಿ ಮಾಡಿ, ಸಂಬಂಧಪಟ್ಟ ಆರ್ಥಿಕರುಗಳನ್ನು ಕೊಟ್ಟು ಸಾಮಾನು ಕೊಂಡುಕೊಂಡು ಕೊಡಬೇಕಾದರೆ ಬಹಳ ಕಾಲ ವಿಳಂಬವಾಗುತ್ತದೆ. ಈ ರೀತಿಯಾಗಿ ಸರ್ಕಾರದವರು ಯಾವ ಉದ್ದೇಶದಿಂದ ಈ ಡಿಸ್ಪೆನ್ಸರಿಗಳನ್ನು ಏರ್ಪಾಡು ಮಾಡಿದ್ದಾರೋ ಆ ಉದ್ದೇಶ ನೆರವೇರದೆ ಹಣ ವ್ಯರ್ಥಾ ಬರ್ಚಾಗುತ್ತಿದೆ ಎಂದು ಹೇಳುತ್ತೇನೆ. ಅಲ್ಲದೆ ಈ ವ್ಯಾನ್‌ಗಳು ಬಹಳ ಹಿಂದೆ ಕೊಂಡು ಕೊಂಡಿದ್ದ ವ್ಯಾನ್‌ಗಳಾಗಿವೆ. ಚೆನ್ನಾಗಿ ಕೆಲಸಮಾಡುತ್ತಿಲ್ಲ. ಆದ್ದರಿಂದ ಹೊಸ ವ್ಯಾನ್‌ಗಳನ್ನು ಸರ್ಕಾರದವರು ಸೇರಿಸಿಕೊಂಡು ಈ ಮೊಬೈಲ್ ಡಿಸ್ಪೆನ್ಸರಿಗಳು ಸರಿಯಾದ ರೀತಿಯಲ್ಲಿ ಕೆಲಸಮಾಡುವುದಕ್ಕೆ ಏರ್ಪಾಡು ಮಾಡಬೇಕು ಅಥವಾ ಪ್ರತಿ ಹಳ್ಳಿಗೂ ಎಂದರೆ ಕೊನೆಯಷ್ಟು 5 ಮೈಲಿಗಳಿಗೆ ಒಂದರಂತೆ ಆಸ್ಪತ್ರೆಗಳ ನ್ನಾದರೂ ಏರ್ಪಾಡು ಮಾಡಬೇಕು; ಈ ರೀತಿ ಏರ್ಪಾಡುಮಾಡಿ ಬರ್ಚಮಾಡತಕ್ಕ ಹಣ ಸರಿಯಾದ ರೀತಿಯಲ್ಲಿ ವಿನಿಯೋಗವಾಗುವಂತೆ ಸರ್ಕಾರದವರು ಕಾರ್ಯಕ್ರಮ ಕೈಕೊಳ್ಳಬೇಕೆಂದು ಹೇಳುತ್ತೇನೆ.

ಈಗ ಅನೇಕ ವರ್ಷಗಳಿಂದ ಈ ಮೊಬೈಲ್ ಡಿಸ್ಪೆನ್ಸರಿಗಳಿಗಾಗಿ ಬರ್ಚಾಗುತ್ತಿರುವ ಮೊಬಲಗನ್ನು ತೆಗೆದುಕೊಂಡರೆ ಅದೇ ದುಡ್ಡಿನಲ್ಲಿ ಕೆಲವು ಶಾಶ್ವತವಾದ ಆಸ್ಪತ್ರೆಗಳನ್ನು ಏರ್ಪಡಿಸಬಹುದಾಗಿತ್ತೋ ಏನೋ ಎಂದು ಅನ್ನಿಸುತ್ತದೆ. ಆದ್ದರಿಂದ ನಿರ್ದಿಷ್ಟವಾದ ಒಂದು ಕಾರ್ಯಕ್ರಮ ಕೈಕೊಂಡು ಈ ಮೊಬೈಲ್ ಡಿಸ್ಪೆನ್ಸರಿಗಳು ಸರಿಯಾದ ರೀತಿಯಲ್ಲಿ ನಡೆಯುವಂತೆ ಏರ್ಪಾಡುಮಾಡುವುದು ಅತ್ಯವಶ್ಯಕ

ಎಂದು ಹೇಳಿ ನಾನು ಈ ಮನವಿಯನ್ನು ಈ ಸಭೆಯ ಮುಂದೆ ಮಂಡಿಸುತ್ತೇನೆ.

Mr. SPEAKER.—Cut motion moved :

“ That the demand be reduced by Rs. 100.”

Sri T. CHANNIAH.—Mr. Speaker, Sir, the Mobile Dispensary van at Chikmagalur went out of order on 10th November 1953 and it has since been sent for repairs to Messrs. Simpson & Company, Bangalore. The cost of the repairs is estimated at Rs. 400. The work of repairs is not yet completed and as soon as the van is ready to be put on the road it will be sent to Chikmagalur Hospital for service. There was some delay in the process of getting competent sanction for the relative estimates. In Chikmagalur and other hospitals where there are mobile dispensaries, Government have indicated that the authorities concerned should chalk out a programme to cover a group of villages during each month so as to cater to the needs of the patients in those villages. The mobile vans which are located in six places are working under a definite plan and they are covering groups of villages each month. The six places where these vans are sanctioned are Shimoga, Hassan, Chikmagalur, Mandya, Chitaldrug and Tumkur. In all these places the mobile vans are working and they have been catering to the needs of the patients in the rural areas. It is only in Chitaldrug and Mandya, these vans are not working. But in all the other four places, these vans are serving the needs of the villagers and we will try to see that the van of Chikmagalur which is out of order is repaired very early and put on the road and made to work on a planned basis.

Sri G. PUTTASWAMY.—I beg leave to withdraw the cut motion.

The cut motion was, by leave, withdrawn.

Mr. SPEAKER.—There are a series of cut motions in the name of Sri M. Palaniyappan. Cut Motions No. 16 and 17 are too general and they are inadmissible.

*Sri M. PALANIYAPPAN.—Then I will take Sl. Nos. 11 and 13, Sir.

Savings in the Medical Department

Sri M. PALANIYAPPAN (Ulsoor).—Sir, I beg to move:

“The demand under the head ‘38. Medical’ for Rs. 1,10,12,000 be reduced by Rs. 100 (to elicit the information as to the total amount saved in Medical Department and the reasons for the same.)”

Sir, the Medical Department since a year or so, is very much reduced in efficiency and no proper treatment is accorded to the patients in all the hospitals. Dresses are not supplied to the menials and also medicines are not supplied properly. Whenever we approach the Director of Medical Services to arrange for supplying the necessary quota of medicine or dress or linen to the staff, he says that the quota allotted to the hospital is very much limited and the indented quantity could not be supplied. Due to non-supply of sufficient quantity of medicine, in most of the hospitals patients are left to take care of themselves. Most of the vacancies in the hospitals are not filled up and they say there is no sanction for these posts. With all these defects in the administration of these hospitals we see there is so much of saving in this Department. When there is so much of demand for proper medicine, cloth, linen and Doctors in several hospitals, I fail to understand the reason as to why Government should save lakhs of rupees in this Department. On the other hand, they should have found more money to be spent on this Department. Thousands of patients come to these hospitals with the fond hope of getting cured, but Government try to save money at the cost of these ailing people. I think, Sir, the Department requires some whipping. Then, Sir, in most of these hospitals there are no trained nurses though there is ample demand for trained nurses in these hospitals. Government should see that nurses are trained before they are appointed as such. But, we see that they have reduced the number of nurses to be trained just to show saving.

Another aspect which I wish to emphasise is, the bills of the Con-

tractors must be cleared then and there. Bills are now kept back pending payment for months and months in the District Medical Officer's office. I request Government not to consider saving money in Medical Department as a criterion but spend all the money that is allotted to the Department by imparting better treatment and better facilities to the patients.

Mr. SPEAKER.—Cut motion moved:

“That the demand be reduced by Rs. 100.”

Sri T. CHANNIAH.—Sir, there has been savings under certain items of expenditure for which amounts had been provided in the Budget of 1953-54. This is inevitable as administrative difficulties crop up and the amounts cannot be spent in full. Of the savings, a sum of Rs. 3 lakhs has been reappropriated for expenditure on other items by the Director of Medical Services. The saving is due in the main to the reason that microscopes for which orders have been placed have not yet been received. Posting of officers on lower scales of pay than the scales originally intended has caused some saving. Some of the dispensaries that were expected to be opened were not opened; savings are also due to that.

The other point raised by the Hon'ble Member was about the nurses in hospitals and their training. Sir, at present there are sufficient number of nurses who have had training in Bowring Hospital or other hospitals, viz., Victoria Hospital, Krishnarajendra Hospital, Cheluvamba Hospital and Vani Vilas Hospital. The training given in the Bowring Hospital is of a higher standard than the training given in other hospitals. Of course, there are some vacancies of nurses. We have been insisting that nurses, after taking training in these hospitals, should serve in the Medical department.

The other point raised was about the delay in the office of the Director of Medical Services in passing contractors' bills for payment. No such instance has come to my notice and if specific instances of delay are brought

to my notice, I will see that suitable action is taken against those concerned.

*Sri SYDNEY A. THOMAS (Nominated).—Is it not a fact that in the Curzon Hospital while the work has been doubled the number of workers has been reduced and one of the reasons for this is that nurses who have undergone midwife's training have not received the money even after having completed their training period and so they leave the hospital? They do not receive a pie while they are under training even though they are entitled to that and after completion of training they leave the hospital. This is the main reason why suitable nurses are not attracted for the post.

Sri T. CHANNIAH.—Very recently Government have ordered that for the period of midwifery training that is given in the Bowring Hospital, the stipend should be paid to the trainee concerned. The Director of Medical Services has been asked to pay the stipends.

Sri M. PALANIYAPPAN.—I seek leave to withdraw my cut motion.

*The cut motion was, by leave,
withdrawn.*

Appointment of House Surgeons in Hospitals.

*Sri M. PALANIYAPPAN.—I beg to move :

“That the demand under the head ‘38. Medical’ for Rs. 1,10,12,000 be reduced by Rs. 100 (to raise a debate on the necessity of appointing House Surgeons at Sir Haji Ismail Sait Gosha Hospital and at T.B. Sanatorium, Old Madras Road, Bangalore)”.

Sir, this Gosha Hospital was started to accommodate 30 patients and now the strength is nearly 130 to 150. Hardly there are three doctors and they are working under great strain. Apart from the in-patients nearly 300 out-patients come there for treatment. These doctors work day in and day out. Therefore, additional doctors must be posted immediately. At least

doctors who are in training period may be posted for the present.

Similarly, in the Old Madras Road, there is a T.B. Sanatorium. Only two doctors and three nurses are working there. 50 per cent of the patients in that hospital are ladies. There is not a single lady doctor to look after them. The hospital has grown in strength and it has been extended, but still the doctors are not enough to attend to the increased number of patients. So, I strongly feel that immediate relief must be given to the doctors by posting House Surgeons to these hospitals.

Mr. SPEAKER.—Cut motion moved :

“That the demand be reduced by Rs. 100.”

Sri T. CHANNIAH.—Under the existing practice House Surgeons are appointed for work in major Hospitals like Victoria, Krishnarajendra and Vani Vilas Hospitals. Experienced persons who have specialised in T. B. will be posted to institutions like P. K. Sanatorium, S. D. S. Sanatorium and the T.B. Sanatorium, Civil Station. We have not received any request either from the Lady Curzon Hospital or T.B. Sanatorium, Bangalore, for posting of House Surgeons there.

Sri M. PALANIYAPPAN.—If there is a request, do Government consider?

Sri T. CHANNIAH.—Yes, we will consider.

Sri M. PALANIYAPPAN.—I seek leave to withdraw the cut motion.

*The cut motion was, by leave,
withdrawn.*

2 P.M.

Lady Doctor for Thyamagondlu Hospital.

Sri D. M. GOVINDARAJU (Nelamangala).—Sir, I beg to move :

“That the demand under the head ‘38. Medical’ for Rs. 1,10,12,000 be reduced by Rs. 100 (in order to raise a debate on the necessity of posting a lady doctor at Thyamagondlu Hospital, Nelamangala Taluk).”

ಸ್ವಾಮಿ, ನೆಲಮಂಗಲ ತಾಲ್ಲೂಕಿನ ತ್ಯಾಮಗಂಡ್ಲು ಗ್ರಾಮದ ಆಸ್ಪತ್ರೆಗೆ ಲೇಡಿ ಡಾಕ್ಟರೊಬ್ಬ